

SENATE FLOOR AMENDMENTS

2025 Regular Session

Amendments proposed by Senator Bass to Engrossed House Bill No. 437 by Representative Firmment

AMENDMENT NO. 1

On page 3, at the end of line 5, after "greater." insert "Reasonable expenses shall only include rental expenses or expenses associated with loss of use of the insured vehicle during the time rental coverage was not approved. This Paragraph does not apply to an insurer conducting an investigation of coverage under a Reservation of Rights."

AMENDMENT NO. 2

On page 3, at the end of line 28, delete "that is the", delete line 29 in its entirety, and insert the following:

"consistent with and limited to the form provided for in Subsection F of this Section; however, nothing in this Section shall be construed to limit an insurer from utilizing a different font, format, or trade dress than is used in this Section."

AMENDMENT NO. 3

On page 4, at the beginning of line 1, delete "commissioner."

AMENDMENT NO. 4

On page 4, after line 17, insert the following:

"F. The following form is a model proof of loss statement:

PROOF OF LOSS FORM	
INSURANCE COMPANY:	
POLICY NUMBER:	POLICY COVERAGE PERIOD: From: _____ To: _____
POLICYHOLDER NAME(S):	POLICY LIMITS:
INSURED’S CURRENT CONTACT INFORMATION: Phone Number: _____ Email Address: _____	
INSURANCE CLAIM NUMBER:	DATE OF LOSS:
LOCATION OF LOSS (physical address):	
TYPE OF PROPERTY (dwelling, other structure, contents):	

1	BRIEFLY IDENTIFY HOW YOUR LOSS OCCURRED (<i>fire, flood, hurricane, or other</i> <i>windstorm event</i>):
2	
3	LEGAL OWNER(S) OF THE PROPERTY ON THE DATE OF LOSS, INCLUDING MORTGAGEES (if any):
4	
5	ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE*
6	
7	ARE THERE ANY OTHER INSURANCE POLICIES THAT COVER THIS PROPERTY? Y or N (circle one) If yes, please identify the name of the insurance company, policy number, policy limits, and the amount of policy proceeds recovered to date for this loss (if any).
8	
9	
10	

I certify that the information provided in this Proof of Loss Form is true, correct, and current to the best of my knowledge and belief. The loss(es) identified herein did not originate due to any act, plan, or procurement on my part. Additionally, I have not taken nor consented to any action designed to violate the conditions of my Policy or render it void. I further certify that all material facts known to date have been provided to my Insurance Company, and I have not artificially inflated any part or portion of my loss claim, concealed or misrepresented the pre-loss condition of my property, or otherwise engaged in any deceptive conduct with respect to my property loss claim.

The furnishing of this form or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

Executed this _____ day of _____, 20__.

Signature: _____
INSURED

Signature: _____
INSURED

**** Please note, this PROOF OF LOSS FORM does not preclude an insured from submitting a supplemental loss claim if necessary. The amount identified in response to the “ESTIMATED TOTAL COST OF REPAIR OR REPLACEMENT OF PROPERTY CALCULATED TO DATE ” inquiry is based solely upon the damages and losses ascertained to date. If you have any questions or concerns regarding your claim or the claims process, please refer to the Louisiana Department of Insurance’s Catastrophe Claims Process Disclosure Guide on the Louisiana Department of Insurance’s website.***